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JUN 17 2004

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06/04/2004

WOOD, PHILLIPS, KATZ, CLARK & MORTIMER
 500 W. MADISON STREET
 SUITE 3800
 CHICAGO, IL 60661

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Barbara E. Murphy

(Depositor's name)

Barbara E. Murphy

(Signature)

June 14, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/688,372	10/17/2003	Carlton David Weaver	UNA4743P0291US	7103

TITLE OF INVENTION: RELEASABLE LOCKING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GIBSON, ROBERT W	3634	211-192000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Wood, Phillips, Katz,
 Clark & Mortimer
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Unarco Material Handling, Inc.

Springfield, Tennessee

Please check the appropriate assignee category or categories (will not be printed on the patent); ☒ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies -3-

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-0785 (enclose an extra copy of this form).

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06-14-2004

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06/22/2004 FFANAIA3 00000023 10688372

01 FC:1501

02 FC:1504

03 FC:8001

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